ANALYTICAL AND BIBLIOGRAPHICAL NOTICES.

ART. XXIX.—*Guy's Hospital Reports.* Edited by H. G. HOWSE, M.S., and FREDERICK TAYLOR, M.D. Third Series. Vol. XXI. 8vo. pp. xx., 469. London: J. & A. Churchill, 1876.

THE current volume of this valuable series contains, as usual, about an equal number of medical and surgical papers, and in accordance with our custom we shall consider these separately, calling attention first to those of special interest to the physician.

In the remarks which precede the reports of *Cases illustrating the Diuretic Action of the Resin of Copaiba*, Dr. FREDERICK TAYLOR extols the valuable therapeutic properties of this drug, especially in the treatment of the various forms of dropsy, believing that it is to the resin and not to the oil, as is generally supposed, that the balsam owes its power of increasing the secretion of the kidneys. The resin was given in more than sixty cases treated in the wards at Guy's by Dr. Taylor and his colleagues. They include cases of (1) hepatic dropsy; (2) simple peritoneal effusion; (3) cardiac dropsy; (4) anasarca and ascites secondary to emphysema and bronchitis; (5) pleuritic effusion; (6) renal dropsy. As a result of its administration in favourable cases the quantity of urine was quickly increased, the specific gravity being at the same time much lowered; this result being frequently produced in cases in which digitalis and other diuretics had been given without effect. The diuresis, however, subsided immediately upon the withdrawal of the drug. In some of the cases the resin did not increase the flow of urine. In most of these the kidneys were extensively diseased, but even in these cases there was no evidence that positive harm followed its use.

It may be well to remind our readers that the urine of persons taking this drug yields a precipitate on the addition of nitric acid, closely resembling that produced by albumen, but care will generally enable us to distinguish one from the other. From twelve to fifteen grains may be given in emulsion thrice daily.

Considerations on the Cures in Insanity is the title of a long paper by Dr. GEORGE H. SAVAGE, who bases his statistics on the annual returns of Bethlem Hospital during the last ten years, from 1865 to 1874 inclusive. The paper has evidently been very carefully prepared, and will, we have no doubt, be considered a valuable one by alienists, but it would be impossible to present our readers with an abstract of it in the space at our command. As the general practitioner is more apt to see cases of insanity at the beginning than at any other time, we will quote the following paragraphs for his benefit:—

"It is to be observed that cases get well in much larger proportion if they have been sent to an asylum early. This is a most vital point, and one that we are never tired of bringing before the public and the general practitioner. It is false economy—if done for economy—to keep a patient in a workhouse or in a private house when he is distinctly insane. My experience completely corroborates that of Dr. D. H. Tuke, at 'The Retreat,' that over seventy per cent. of cases admitted within three months of the first attack get well; whereas of sufferers from a first or other attack admitted to an asylum treatment twelve months after the onset not twenty per cent. get well."

Dr. James F. Goodhart's paper *On Meningeal Hemorrhage* is founded upon forty-nine cases, thirty-six of which are from the post-mortem records of Guy's Hospital for the last twenty-one years. The rest he has collected from the Transactions of the Pathological Society of London. Eight out of the forty-nine cases are probably, he says, due to injury, and are therefore not available as to the cause of spontaneous meningeal hemorrhage. The remaining forty-one show that in twenty there was renal disease, associated in thirteen instances with hypertrophy of the heart; in two more it is probable that the same conditions existed, and in six others there was hypertrophy of the heart without renal disease. Thus twenty-eight out of forty-one, two-thirds of the whole number, occurred with a state of the kidney or heart which is known to bring about an increase of the blood pressure in the arterial system. To this, therefore, he ascribes the principal influence in the production of the hemorrhage. He believes that the miliary aneurisms of the cerebral vessels, to which MM. Bouchard and Charcot have called attention, are caused by this high tension and its consequent hypertrophy. That similar aneurisms are not found so frequently in other parts is easily accounted for, he says, by the fact that there are few vessels so little supported by surrounding tissues as are those of the brain.

The symptoms of meningeal hemorrhage appear to be absolutely wanting in pathognomonic significance. Coma was present in fourteen of the cases; it was generally profound, and ushered in death, but in some it was only partial, and in three was temporarily recovered from. Convulsions, contrary to what we should expect, do not appear to be a common symptom, having been noted in only twelve of the cases. Rigidity is even less frequent, having occurred in only four cases. Headache in the occipital region, and pain in the back of the neck were marked symptoms in only four cases. Delirium was occasionally noticed, as also were irregularity of the pupils, stupidity, and incoherence. Sudden death occurred in four cases. The author says that the one symptom which more than any other would lead him to suspect meningeal hemorrhage is "a permanent or rather persistent stupidity after an injury or following upon some convulsive seizure."

The prognosis in meningeal hemorrhage is grave. There is good reason for thinking, however, that recovery occasionally takes place. To relieve the high tension which is so prolific a source of cerebral hemorrhage, no remedy is so effectual, in the author's opinion, as free purgation. It should be resorted to both as a means of prevention, which, if carefully guided, may avert the dangers of an impending stroke, and which, even when the seizure has come, may yet do much good by lessening the blood pressure, and so avert further bleeding. For the same reason venesection will occasionally be useful, especially where after a hemorrhage the pulse keeps hard. Ice should be at the same time applied to the head, and the head and shoulders be raised. If there is hypertrophy of the heart, the tincture of aconite may be given in small doses.

The reader will find in Dr. Paul Henry Stokes's paper *On the Use and Administration of Sedatives*, many valuable hints in the treatment of disease. It is not of a nature to be readily analyzed, and we must therefore content ourselves with this brief reference to it.

We learn from the *Fifth Annual Report of the Guy's Hospital Lying-in Charity; collated from the Records*, by A. L. Gallabin, M.D., that the district comprised by the Charity lies within a radius of about a mile from the hospital, and that the patients are attended at their homes by the students; the assistant obstetric physician being, however, sent for to superintend all

cases in which any obstetric operation is required. The report embraces a period of twelve years from October, 1863, to the end of September, 1875. During this period 23,591 women were delivered of 23,811 children; of whom 22,838 were born alive, and 973 were stillborn; the proportion of the sexes being 100 males to 88 females. The death-rate in children shows, Dr. Gallabin says, a progressive improvement. In the present report it is only 4.08 per cent.; in the last report of nine years it was 4.6; while in the preceding twenty-one years it was 5.2. The mortality among the children in cases of pelvic, arm, transverse, or funis presentation, is, however, high. Taking foot and breech presentations together, the children stillborn are in the proportion of 1 to 2.5.

Of twin cases there were 220, or about 1 in 107 of the whole number of women delivered. In 84 cases the children were both males, and in 61 both females. Only one case of triplets is noted; 86 cases of face presentation occurred, and in 7 of these the children were stillborn. All were delivered by natural efforts, except one, which was extracted by version, and was living. The number of cases in which the funis presented was 62; 8 of the children were living, and 54 stillborn. The brow presented in 16 cases, and 14 of the children were born alive. The upper extremity presented in 61 cases, in 9 of which the funis was also prolapsed. There were 16 transverse presentations, two of them complicated by prolapse of the funis. Taking the whole 77 cases together, 12 were completed by natural efforts, the children being stillborn in 7 cases. In the remaining 65 cases the presentation was rectified by podalic version; 15 of the children only being born alive.

Out of the 23,591 deliveries included in the present report, 121 protracted labours were terminated by forceps; or 1 in 197, or about 0.51 per cent. The fœtal skull was opened in 18 cases, or 1 in 1310, or about 0.07 per cent. Seven cases of rupture of the uterus or vagina are recorded, or 1 in 3371 deliveries. Cæsarean section was performed after death in one case, but the child was not saved. Delivery after the occurrence of the rupture was effected by the forceps in four cases; by version in one; and by version, followed by craniotomy in one. All the patients died, but one of them lived as long as four days after delivery. In one case the uterus became spontaneously inverted two days after delivery, and the patient quickly died of hemorrhage.

Post-partum hemorrhage directly caused death in eleven cases. In nine cases a solution of perchloride of iron was injected into the uterus; but the measure, the author tells us, was never adopted until the effect had first been tried of introducing the hand into the uterus, clearing out the clots, and compressing it between the internal hand and the other hand applied externally to the abdomen. In all instances the iron injection stopped the bleeding, but in two the patients sank under the effects of the hemorrhage about an hour after; and one woman died from septicæmia on the twenty-sixth day. No successful instance of transfusion is recorded. Forty-one cases of placenta prævia occurred, six of which were fatal to the mother. Of the children, 10 were living; 31 were stillborn. The placenta was adherent, and required the introduction of the hand into the uterus for its removal in 75 cases; or 32 per cent. of all the cases.

28 cases of eclampsia are recorded, or 0.12 per cent., or 1 in 842. In reference to the connection between albuminuria and this complication, we find the author expressing himself as follows:—

"Since it has been recently urged by some that the importance of albuminuria in connection with eclampsia has been overrated, and that uræmia is only one of several common causes which may produce such a result, it may be of

interest to note that, of all cases during the last forty years in which the urine was examined, it remained free from albumen in only two."

Out of 23 cases of eclampsia in which chloroform was administered often for many hours consecutively, there were five deaths, which is a decided improvement upon the death-rate under the old plan of treatment by venesection.

Three cases of puerperal mania occurred, all of which terminated fatally. Death took place from puerperal peritonitis and other forms of septicæmia in thirty-four cases, two of which are reported under the head of post-partum hemorrhage, and two under that of adherent placenta. Nine cases of zymotic disease occurred, including five of variola, in one case terminating fatally; and one each of the following diseases—typhoid and typhus fever, scarlatina, and erysipelas—all ending in recovery. The number of deaths among the mothers was 106.

A Case of *Nitro-Benzol Poisoning*, reported by Thomas Stevenson, M.D., occurred through the fault of a physician, who wrote his prescription so illegibly that nitro-benzol was substituted for rectified benzol, the drug intended to be given. The patient took about 23 minims of the poison in the course of about forty-eight hours. When first seen by a medical man the surface of his body was bluish-purple, and cold, and the pulse could not be felt at the wrist. The heart could be heard beating faintly and irregularly. The lower jaw was rigidly closed, but the limbs were flaccid, and dropped powerless when raised. The pupils were widely dilated. No breathing could be perceived. The treatment consisted in the application of sinapisms to the chest, and abundant friction of the limbs for two hours. Later, a secondary current from a magneto-electric machine was sent through the hands and upper limbs. Still later, brandy was administered, and ammonia inhaled. In about six hours from the time the patient was first seen he had begun to react, and the next day was fairly convalescent. Nitro-benzol was detected in his urine. Dr. Stevenson calls attention to the close resemblance of the symptoms in this case to those produced by prussic acid.

Appended to the paper is the prescription, beautifully lithographed, through the misreading of which the case occurred; and also another prescription by the same physician. They are, as Dr. Stevenson says, curiosities in the way of illegibility.

Under the heading, *Remarks on some of the Paroxysmal Neuroses*, Dr. C. Hilton Fagge discusses a group of diseases, including migraine, paroxysmal vertigo, and mania, epilepsy, and tetany, all of which have, among other characters in common, a tendency to recur paroxysmally at more or less regular intervals, the persons who suffer from them being at other times in apparently good health. Another important character of these diseases is, that they are essentially innate and hereditary. In different members of the same family the inherited tendency may, however, show itself in different ways, one child being epileptic, another asthmatic, a third subject to migraine, etc. Still another feature which is common to them is, their tendency in the same patient to undergo metamorphosis in course of time. This is particularly the case, the author says, with epilepsy; its attacks being liable to be replaced by vertigo, catalepsy, mania, or even other forms of nervous disturbance. Dr. Fagge enters very fully into a discussion of the pathology of epilepsy, migraine, and paroxysmal vertigo, during the course of which he subjects the views of Drs. Hughlings-Jackson, Liveing, Latham, and Menière, to a searching criticism. We are, unfortunately, unable to follow him through this, and will therefore quote only his conclusions in regard to epilepsy:—

"To sum up, I would adopt the language of some modern writers, and say that epilepsy is 'dependent upon an unstable condition of the nerve tissue in some portion of the nervous system, permitting occasional discharges.' This, in reality, is not stating more than that the disease is a nerve storm. And just as in migraine teichopsia may be followed in succession by numbness in the fingers, by headache, by vomiting, by sleep. So in epilepsy, tonic spasms give place to clonic convulsions; and these, again, to stupor or coma. To me it appears more satisfactory to refer this sequence of phenomena to the gradual extension of some morbid condition from one part of the nervous centres to another, than to ascribe it to modifications in the blood supply."

Dr. PAVY, in his article *On the Recognition of Sugar in Healthy Urine*, gives us the details of a process by which he has succeeded in demonstrating the existence of sugar in normal urine. Two or three quarts of healthy urine are first treated with the neutral plumbic acetate, until a precipitate is no longer produced, for the purpose of ridding it of urea, uric acid, and other ingredients. Sugar is not carried down by lead in an acid solution, but if the supernatant liquid is now siphoned and treated with ammonia and plumbic acetate, it falls with the lead as a definite compound, consisting of two atoms of sugar and three of oxide of lead. After thoroughly washing the precipitate to free it of the ammonia, it is treated with sulphuretted hydrogen, which displaces the lead. The product is then subjected to filtration, and after washing the filtrate, the lead washings, which will contain any sugar that may have been present, are brought to a small bulk by evaporation over a water bath. Decoloration is next effected by animal charcoal, which has been thoroughly purified from lime. Reduced to a concentrated form, the product is now ready for the application of the various tests.

With a specimen of the product obtained by the above process, Dr. Pavy obtained, with Moore's test, a dark-brown coloration. The bismuth (Böttger's) test became black. The copper solution gave a copious precipitate of orange-yellow reduced oxide. As long as the solution has an acid reaction, fermentation cannot be excited in it; but it is readily produced if it be brought to the neutral state before the addition of yeast. As the result of his experiments, Dr. Pavy has reached the conclusion that healthy urine contains about half a grain (.565 grain) of sugar to the pint.

In conclusion, the author says:—

"I regard the fact that sugar is susceptible of recognition in healthy urine as of the highest importance with reference to the glycogenic theory. It tells strongly against the validity of this doctrine. I strenuously contend that there is no active destruction of sugar carried on in any part of the circulatory system. If sugar reach the general circulation, whether from the liver or by artificial introduction from without, it is to be discovered in the blood of all parts of the system. Under natural circumstances, the blood contains only a minute proportion of sugar; and still, from this minute proportion, the urine acquires a recognizable saccharine impregnation. Such being the case, what, it may be asked, might be reasonably looked for if sugar were constantly being discharged from the liver, as is maintained under the glycogenic theory?"

J. H. H.

Excluding Dr. Steele's statistical report, the surgical portion of this volume comprises but about one-fourth of its bulk; and of that portion we now proceed to furnish our readers an analytical abstract.

The first article is *On Fractures of the Thigh*, from the pen of Mr. J. COOPER FORSTER, and under this caption he gives a summary of his experience, extending through more than thirty years, in the treatment of fractures of the shaft of the thigh-bone. While expressing great impartiality in regard to the dif-

ferent plans of treatment which have prevailed during the last quarter of a century, Mr. Forster shows a decided preference for the Hodgen splint, claiming that by its use are combined all the advantages of the inclined plane, with its relaxed muscles, and those of the straight splint, with its fixed joint surfaces and extension. As Hodgen's splint is but little used in this country, it is, perhaps, well to state the points of difference between it and the well-known splint of Dr. N. R. Smith, of which it is a modification. Dr. Smith fastened the splint to the limb by a roller closely applied, and extended the splint upon the pelvis, thus confining the hip-joint. Mr. Hodgen attaches strips of cloth to the lateral bars of the splint, and does not allow it to extend above the hip, the limb is then placed in the splint, *resting* upon the strips of cloth, thus reviving the method of action belonging to the double inclined plane. Mr. Forster swings the limb, as did Dr. Smith, so as to obtain some extension directly from the thigh, and also applies adhesive plasters and a weight. That this compound method is an efficient one can be readily seen, and, we have no doubt, may be exceptionally useful. In the great majority of cases, however, we think simple extension by a weight, with lateral compression by sand bags, will be found to give quite as good results as those recorded in the table which concludes Mr. Forster's article. Experience has pretty well demonstrated the fact that some muscular extension conduces to the steadiness of a limb, and there would seem to be little advantage in reviving the inclined plane, with its muscular tremors and startings, excepting where there is special intolerance of other methods. It is proper here to state that Mr. Forster looks upon the smaller weight required, from the absence of friction between the limb and the surface of the bed, as a decided advantage. It is very common to cast suspicion upon the accuracy of the measurements where the results obtained by different plans of treating fractures of the thigh-bone are under discussion, but among competent and careful surgeons one man may be presumed to be about as apt to be correct as another, so that we do not hesitate to aver, that we have seen as little average shortening after the use of the old apparatus, known in this country as Physick's Desault, as is obtained by any other plan, although we have long since adopted the sand bags and weights as more comfortable to the patient, less troublesome to the surgeon, and attended with equally good results.

A very readable paper *On Causes of Preventable Blindness* is contributed by Mr. C. Higgens. Three causes are mentioned—granular ophthalmia, purulent ophthalmia, and undetected glaucoma, which are treated successively and in some detail. Granular ophthalmia is seen most frequently among those whose hygienic surroundings are unfavourable, and is confined to those in whom the characteristic anatomical changes, known as granulations, are present on the lids. These cases always extend through long periods of time, despite any treatment which may be adopted, yet the practitioner is encouraged to believe that faithful and persevering attention will generally be followed by improvement, and the disastrous injury to vision, so common a result of neglect or inefficient treatment in these cases, be averted. The treatment by astringents and mild caustics, combined with general remedies, advised by Mr. Higgens, does not differ from the standard practice among ophthalmic surgeons.

Purulent ophthalmia is the second among the preventable causes of blindness referred to in this paper. Prompt and vigorous treatment by strong caustic applications frequently used, with hourly cleansings by astringent lotions, is strictly according to the canon. It is worthy of especial notice that, according to our author, general depletion is scrupulously to be avoided in this highly inflammatory disease, although we believe that most ophthalmic

surgeons, while agreeing with Mr. Higgens on the value of tonics and stimulants, place more dependence upon local depletion than he seems to do.

That portion of the paper which speaks of undetected glaucoma as a very frequent cause of blindness is of great value, for the failure to recognize this condition is too common among general practitioners, and from such failure serious evils very often follow. When a patient over fifty presents himself complaining of impaired vision, with a somewhat dilated and immovable pupil, it is not safe to make a diagnosis of unripe cataract merely because we notice that the pupil has lost its pure blackness; the tension of the ball should be carefully examined, and a comparison made with the unaffected eye, or with that of the observer, and, if increased hardness is found to exist, the diagnosis should be at once made positive by the ophthalmoscope, or the patient sent to one expert in such cases.

A noticeable feature in this paper, and one worthy of high praise, is the comparative absence of special technical terms, so that it appeals directly to the average medical man, who can read it without finding that he has a new vocabulary to learn. In the judgment of the writer there is hardly a greater error into which an author can fall than to indulge largely in technical terms when addressing the general reader. Even so eminent a writer as Mr. Thomas Carlyle would probably have exerted a wider and more permanent influence had he confined his genius within the limits of a more ordinary phraseology and style than that in which his thoughts have been given to the world, and Mr. Emerson, probably, would be longer remembered had he been less Emersonian. While the scientist must perforce sometimes resort to those terms which have sprung into being with the advances they represent, yet the simpler his language, and the plainer his style, the more readily will he find readers. High science, like high art, is only appreciable by a very few. Such papers as this one by Mr. Higgens are much needed at the present day, and ought to be largely appreciated, even though they may contain nothing absolutely new; for, while specialists are often criticized for the narrowness of their work, the every-day physician or surgeon is too apt to allow himself to go uninformed of the progress made in the separate departments of medical science.

The remaining contribution to Ophthalmic Surgery is a short paper on *Retinitis Pigmentosa*, being the *ninth series* of a *description of the appearances of the human eye in health and disease as seen by the ophthalmoscope*, by Mr. C. BADER. Mr. Bader's pictures are too well known to the readers of Guy's Reports to need commendation. It is sufficient to say that the lithograph is well executed, and the short account of the disease it represents distinct and lucid, so that this number will be regarded as a worthy member of the series in which it finds a place.

Between the two ophthalmic papers is a *Contribution to Dental Pathology*, by S. JAMES A. SALTER, M.B., F.R.S. The subject of hypertrophied dilated tooth-fangs is first discussed in connection with an article published in the volume of the Reports for 1868, describing a case which was the third one upon record. At that time Mr. Salter predicted that the cases published by Tomes and Forget would prove to be identical in nature with his own, and a re-examination of the specimens has verified the statement, and they have been proved to be enlarged and dilated fangs. Another case is now narrated, which occurred in the practice of Mr. Bryant, making the fourth one recorded. The patient from whom the specimen was obtained was a boy, aged eleven years, with the notches of inherited syphilis upon his incisors. For three years there had existed a growth, probably an epulis, over the socket of the left central

incisor. Upon removal of the incisive bone with the overlying soft parts by operation, the left central incisor was found to have an expanded fang, furnishing a beautiful example of the "odontome radiculaire," with the pulp as yet uncalcified. Mr. Salter thinks that the abnormal size of the fang acting as an irritant may have had some connection with the growth of the epulis; he also propounds the question whether the syphilitic dyscrasia which existed, was in any way chargeable with the altered form of the fang. As will be seen, the number of recorded cases of this character is as yet too few to admit of generalizations.

The next case was one occurring in a girl of thirteen. A semisolid tumour of the right superior maxillary bone existed, filling up the space between the cheek and the gum, and causing the hard palate to project downwards, while both the lateral incisor and canine of that side were absent. Upon making an incision within the mouth a cavity was opened, projecting from the external wall of which were two osseous masses, that upon removal proved to be the missing teeth, amorphous and hardly recognizable. A speedy recovery ensued. Mr. Salter gives an interesting account of the histology of these masses; he also indulges in some criticism of M. Broca's classification of such tumours, preferring the one adopted by himself, Wedl, and Virchow. For the details of the discussion we must refer the reader to the original article, which concludes with an account of a deformed second upper molar in which the three fangs were almost entirely fused. The paper is illustrated with several woodcuts.

The next two surgical papers are by an author whose name will awaken the memories of a generation almost past; they are entitled *Statistics of Amputations* and *On the Treatment of Ulcers by the Local Application of a Weak Continuous Electric Current*, by C. H. Golding-Bird, B.A., M.B. The first article is intended as a continuation of Mr. Bryant's tables published in vol. xlii. of the *Medico-Chirurgical Transactions*. It includes the record of results obtained in Guy's Hospital during the fifteen years subsequent to those with which Mr. Bryant dealt. Since Norris first published his statistical tables, the contributions to our knowledge of the average results of most of the major operations in surgery have been sufficient to pretty much establish laws, and the tables before us, while helping to make the subject complete, do not differ in conclusion from those which accord with the experience of most large hospitals. We shall not attempt to condense what is already condensed, but pass on to the second paper, which narrates some experiments instituted, together with the results in some cases of treatment based upon the conclusions arrived at by experiment.

To an indolent ulcer a silver plate was applied, and to a neighbouring raw surface one of zinc, and the two plates united by a copper or silver wire. The raw surface was obtained by first blistering and then removing the cuticle, and this was found to be necessary, as when the epidermis was unbroken, no galvanic action was induced. When, however, the cutis was removed in the manner stated, a current between the two plates was at once established, and it was found that an eschar was gradually produced under the zinc from the nascent chloride of that metal there developed, while the ulcer under the silver plate was stimulated into healthy action. After a few days' use of the plates the galvanic action became feeble or ceased altogether, the density of the eschar formed under the zinc interrupting the current, while the tenderness and swelling in the locality became so considerable as to require a change in the position of that pole of the battery. To avoid this undue action

it was found desirable to move the zinc plate to a fresh surface every day. When, however, the ulcer under treatment had a dense lardaceous base, by applying the zinc plate directly to it, the caustic action of the chloride could be taken advantage of and the sore led to take on healthy action upon the separation of the slough.

To obviate the inconvenience produced by the decomposition of the zinc plate, and the suffering attendant thereon, Mr. Golding-Bird resorted to experiments, and found that he could obtain the beneficial results of the galvanic current without drawback by the use of a small independent battery, with silver electrodes. For walking cases an efficient battery was obtained by inclosing plates of zinc and silver foil in lint, separated from each other by the same material, moistened with salt and water. When patients were confined to bed a one-, two-, or three-celled sulphuric acid battery was used. In either case the silver electrodes were applied one to the sore and one to an adjacent part. By the experience thus obtained it was found that equal effects were produced, whether the fluids of the patient formed part of the battery, or if he were subjected to the current of one entirely external to himself. The experience of Mr. Golding-Bird, together with that of others, leaves no room for doubting the efficiency of electrolysis in the treatment of indolent ulcers, while it is admitted to be equally certain, that, like other stimulating dressings, it is only valuable for a limited period of time. Experience has also taught many surgeons to regard almost in the light of law, the fact, that variety is the spice of life for an ulcer.

A Case of Fracture of the Skull, followed by a Collection of Cerebro-spinal Fluid Beneath the Scalp, Recovery, by R. CLEMENT LUCAS, B.S., is next in order, and transcribing the title seems almost to have effected an analysis of the article. The case was, however, an interesting one, and of such rarity as to warrant the presentation of some of its details. A child two and a half years old fell from a window to the ground, a distance of eighteen feet, and had some slight cerebral symptoms immediately after the accident. When first brought under observation, three weeks after the receipt of the injury, the child was peevish, fretful, and lacking in animation, though presenting an intelligent expression. In the left temporal region were two circumscribed tumours, of the shape and size respectively of a pullet's egg and a walnut, connected together, extending from within an inch of the orbit nearly to the posterior margin of the parietal bone. The lateral bulging was sufficient to press downwards and outwards the pinna of the ear; they were both fluctuating, but without pulsation, though becoming more tense when the child cried, and the contents of one could be pressed into the other through the narrow isthmus which united them at about the junction of the temporal and parietal bones. The temperature and pulse were normal, and no discomfort appeared to attend manipulation of the swellings. Mr. Lucas punctured one of the tumours with an aspirator, drawing off two ounces of fluid, which in appearance, and upon analysis, seemed identical with the cerebro-spinal fluid. Upon the subsidence of the tumours, which occurred at once, a depressed, stellated fracture of the skull in the region of the lateral fontanelle was very apparent, and it seemed as if the Wormian bone had been driven in. There was no corresponding absence of bone on the opposite side. Within a few hours the tumour filled up again and then gradually subsided. Three months afterwards there was a small circumscribed swelling back of the ear, containing about one drachm of fluid, and the depression over the site of the Wormian bone could still be felt. The child continued strong and well nourished, but had neither spoken, nor attempted to walk since the accident.

Cases presenting a group of symptoms like the above are rare. Mr. Prescott Hewett, in Holmes' Surgery, speaks of ten cases in which effusion of cerebro-spinal fluid accompanied compound fractures, which, however, like those in which large amounts of fluid escape from the ear, have no resemblance to the one recorded by Mr. Lucas. Mr. Warrington Haward and Mr. Erichsen each narrate a case in which this fluid accumulated beneath the scalp in simple fractures; in both cases the tumours were tapped, and the patients died. The case recorded by Erichsen occurred in a hydrocephalic infant, those of Messrs. Haward and Lucas in normal children. Mr. Lucas is inclined to think that the best treatment in these cases is to let them alone, and in thus furnishing a criticism upon his own course, renders comment by us unnecessary. He also very justly questions the permanence of the recovery which appears to have taken place in his patient.

A perusal of Dr. Keen's paper upon chloral as a preservative, published in this Journal, July, 1875, induced Mr. H. G. Howse, M.S., to make a trial of that agent, and a *Note on the use of Chloral for the preservation of subjects and anatomical preparations* gives his conclusions as to its value. Half a pound of chloral proved in his hands a tolerably efficient preservative for winter subjects, but inferior to glycerin and arseniate of soda as recommended by himself in volume xvii. of the Reports, although he thinks the translucency of the tissues so objectionable when this last method is resorted to does not obtain when chloral is used. In summer his experience leads him to regard Keen's method as unreliable. Mr. Howse, however, thinks that very possibly the difference which exists between the climate of Great Britain and that of the United States may account, in some measure, for the different results obtained by Dr. Keen and himself. For the preservation of urine, or small specimens, he thinks a solution of chloral is very useful.

The usual *Statistical Analysis of the Patients treated in Guy's Hospital*, by J. C. Steele, M.D., concludes the volume. In this article, as in its fellows, there will be found much subject for thought, with suggestions which should be of service to all those connected with the management of large hospitals. It is short and condensed, and will well repay perusal by those belonging to the class referred to above. The tables are hardly as well arranged as those which emanate from St. Bartholomew's Hospital.

Taken as a whole, the surgical papers of this volume do not seem to be up to the average of those which have hitherto made this the best, as it is the oldest series of hospital reports.

S. A.